

# STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

S.D. SEC. 12/09

1. TITLE OF NEWSPAPER <b>McPherson County Herald</b>		2. DATE OF FILING <b>8/13/03</b>	
3. FREQUENCY OF ISSUE <b>weekly</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>52</b>	3B. ANNUAL SUBSCRIPTION PRICE <b>23 in county 25 out count</b>	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>PO Box 170 739 Sherman St Leola SD 57456</b>			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <b>PO Box 170 739 Sherman St Leola SD 57456</b>			
6. FULL NAME OF PUBLISHER: <b>Nancy Zantow</b>			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME <b>Nancy Zantow</b></div> <div style="width: 45%;">COMPLETE MAILING ADDRESS <b>PO Box 170 Leola SD 57456</b></div> </div>			
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <b>None</b>			
9. EXTENT AND NATURE OF CIRCULATION			
	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE	
A. TOTAL NO. COPIES (Net Press Run)	700	700	
B. PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors and counter sales.	25	25	
2. Mail Subscription (Paid and or requested)	641	661	
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	666	687	
D. FREE DISTRIBUTION			
1. BY MAIL, CARRIER OR OTHER MEANS	10	10	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	10	10	
F. COPIES NOT DISTRIBUTED			
1. Office use, left over, unaccounted, spoiled after printing	34	34	
2. Return from News Agents	0	0	
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	700	700	
SIGNATURE AND TITLE OF PUBLISHER, BUSINESS MANAGER OR OWNER <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">I swear that the statements made by me above are correct and complete.</div> <div style="width: 45%; text-align: center;"> </div> </div>			

State of South Dakota )

County of McPherson )

(Seal)

Sworn to before me this 30th day of

September, 2003

Carol Anderson  
Notary Public

My commission expires 5-1-04